



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1843-MC-FFS-D

DATE: November 2, 2017

TO: Iowa Medicaid Indian Health Services (IHS)

APPLIES TO: Managed Care, Fee-for-Service and Dental

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Same Day Billing for Multiple Encounters with Multiple Diagnoses

EFFECTIVE: April 1, 2017

Clinics that are operated by the United States Indian Health Service (IHS) or under the Indian Self-Determination and Education Assistance Act (P.L. 93-638) by an "Indian tribe", or "tribal organization", as those terms are defined in 25 USC 1603, are paid at the rate for outpatient medical care provided by IHS facilities that is published by IHS in the federal register each calendar year for Medicaid beneficiaries. For services provided, these clinics may bill for one visit per patient per calendar day for medical services (at the outpatient per visit rate (excluding Medicare)), which shall constitute payment in full for all services provided on that day, except as follows.

For services provided, these clinics may bill for multiple visits per patient per calendar day for medical services (at the outpatient per visit rate (excluding Medicare)), only if medical services are provided for different diagnoses or if distinctly different medical services from different categories of services are provided for the same diagnoses in different units of the facility. For this purpose, the categories of medical services are vision services, dental services, mental health and addiction services, Early & Periodic Screening, Diagnostic, and Treatment services for children and other outpatient services. A visit is face-to-face contact between a patient and a health professional at the clinic.

Clinical Services:

Encounters with more than one IHS practitioner on the same day, or multiple encounters with the same IHS practitioner on the same day with the same diagnosis, constitutes a single IHS visit and is payable as one visit.

- This policy applies regardless of the length or complexity of the visit, the number or type of practitioners seen, whether the second visit is a scheduled or unscheduled appointment, or whether the first visit is related or unrelated to the subsequent visit.
- This would include situations where a IHS patient has a medically-necessary face-to-face visit with a IHS practitioner, and is then seen by another IHS practitioner, including a specialist, for further evaluation of the same condition on the same day, or is then seen by another IHS practitioner (including a specialist) for evaluation of a different condition on the same day.

Exceptions to the single encounter policy apply to the following types of circumstances:

1. A patient is seen in the IHS for a medical visit, leaves the IHS and subsequently suffers an illness or injury that requires additional diagnosis or treatment on the same day. An example would be if a patient sees an IHS practitioner in the morning for a medical condition and later in the day has a fall and returns to the IHS for treatment of their injury. The patient had two medical visits on the same day (2 billable visits).
 - In this situation only, the IHS would use modifier 59 on the subsequent claim to attest that the conditions being treated are totally unrelated (2 billable visits).
2. The patient has a medical visit and a dental visit on the same day (2 billable visits).
 - In this situation when the member is receiving two different types of services on the same day the 59 modifier is not required.

Prescriptions:

For services provided, these clinics may bill for one visit per patient per calendar day for covered outpatient prescribed drugs provided by the facility (at the outpatient prescribed drugs per visit rate (excluding Medicare)), which shall constitute payment in full for all services provided on that day.

Reimbursement for drugs provided by Indian Health providers is at the rate for outpatient medical care provided by IHS facilities that is published by IHS in the federal register each calendar year for Medicaid beneficiaries. Indian Health providers may bill for one covered outpatient prescribed drug visit per patient per calendar day for covered outpatient prescribed drugs provided by the facility, which shall constitute payment in full for all drugs provided on that day, including reimbursement for dispensing fees, ingredient cost, and any necessary counseling. For this purpose, Indian Health providers are pharmacies operated by the United States IHS or under the Indian Self-Determination and Education Assistance Act (P.L. 93-638) by an "Indian tribe", or "tribal organization", as those terms are defined in 25 USC 1603.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, or by email at imeproviderservices@dhs.state.ia.us.